

Patient-Centered Medical Home Stakeholder Council

Meeting Minutes September 17, 2014

CSI Conference Room, Helena, and via phone

Members present

Dr. Jonathan Griffin, Chair, St. Peter's Hospital

Dr. Monica Berner, Vice-Chair, Blue Cross Blue Shield of Montana

Paula Block, Montana Primary Care Association

Carla Cobb, RiverStone Health

Jo Thompson, Medicaid Division, Department of Public Health & Human Services

Todd Harwell, Public Health and Safety Division, Department of Public Health & Human Services

Dr. Joe Sofianek, Bozeman Deaconess Health Group

Dr. Janice Gomersall, Community Physicians Group, Mountain View Family Medicine and Obstetrics

Dr. Thomas H. Roberts, Montana Health Co-op

Dr. Larry Severa, Billings Clinic

Dr. Jeffrey Zavala, St. Vincent's Hospital

Todd Lovshin, PacificSource Health Plans

Lisa Wilson, Montana Family Link

Sen. Mary Caferro, State of Montana (Ad Hoc Member)

Members absent

Dr. Jay Larson, South Hills Internal Medicine

S. Kevin Howlett, Tribal Health and Human Services, Confederated Salish & Kootenai Tribes

Rep. Ron Ehli, State of Montana (Ad Hoc Member)

Richard Opper, MT Department of Public Health and Human Services (Ad Hoc Member)

Interested Parties

Janice Mackensen, Mountain-Pacific Quality Health

Dr. Jonathan Weisul, Allegiance Benefit Plan Management

Jody Haines, Providence Health System

Bill Warden, Lobbyist for St. Peter's, Benefis and Bozeman Deaconess Hospitals

Dr. Gary Mihelish, NAMI

Lara Shadwick, American Cancer Society

Kristin Pete, Glacier Medical Associates

Aidan Myhre, Pfizer

Adam Smith, Providence Health System

Dr. Patrick Van Wyk, Psychological Resident, St. Peter's Hospital

Lois Steinbeck, Legislative Services

Karen Gray-Leach, St. Vincent's Hospital

Hannah Pulaski, Community Health Partners

CSI Staff Present

Amanda Roccabruna Eby

Christina Goe

Adam Schafer

Catherine Wright (Minutes recorder)

Welcome, introductions, agenda review, announcements, minutes approval

Meeting called to order at 1:03 pm. Amanda R. Eby conducted roll call. Dr. Griffin reviewed the meeting Agenda and called for a Motion to Approve. Dr. Moncia Berner approved and Todd Lovshin seconded a motion to approve the Agenda. Next, Dr. Tom Roberts presented his edits/clarifications to his comments as stated in the Quality Metrics Subcommittee Report section of the August 20 minutes. Dr. Larry Severa moved and Dr. Roberts seconded a motion to approve August 20, 2014 minutes, as amended. The amended minutes were approved unanimously.

Finalize Mission Statement and Charter

At the August meeting, Council members were asked to do a final review of the Mission Statement/Charter. No comments were received. Amanda will send one more email to Council members requesting finals edits. There was no further discussion on the charter.

Work Plan and Timeline

Amanda asked the Council members for any comments on the revised work plan. Dr. Roberts expressed concern about the October 2014 entries on the Quality Metric guidance. Adam Schafer clarified that the CSI serves as facilitator and the final QM guidance will be decided by the Council. Lisa Wilson offered kudos for the revised work plan. There were no further comments.

Council Appointments for the 2014-2015 Term

PCMH Stakeholder Council members were reminded to submit a Letter of Interest for reappointment (or appointment for new members) to Commissioner Lindeen by October 8. Amanda sent a solicitation to Interested Parties on September 16. Todd Lovshin asked if there is the option for a staggered term. CSI staff explained there are no staggered terms at this time and the Stakeholder Council is not a Statutory Board and therefore has different operational guidelines. The 12-month term is defined in administrative rule that was adopted last fall and approved by the previous advisory council. Dr. Griffin commended the CSI for their ongoing work and dedication to the future success of the PCMH program.

Amendment Review

Christina Goe explained that due to the short, single phrase wording ("extend to six months") for the Amendment to the PCMH Rule, the CSI will amend the rule in October at the same time as the Payer Rule filing. Amanda also shared the results of her further follow-up with the provisional practices. She contacted the practices that did not respond to the survey on their recognition status for a second time. Most of them responded. There are very few left that she hasn't heard from and she will follow-up with them for a 3rd time. Amanda will also reach out to the few practices that indicated they will not receive accreditation by December and explain the possible 6-month extension available to practices that apply and are approved by the Commissioner.

Review Comprehensive Application

The Stakeholder Council discussed the following changes to the PCMH Program Formal Application:

Question #1: Jo Thompson mentioned whether "Medicaid Passport to Health" should be changed to Medicaid PCMH? It was decided to leave it for the current application and re-consider the change again next year.

Question #8: Add: "Does your practice integrate the following staff and, if so, for how many hours?" Also, for Option k add "Clinical"; and Option d change to "integrated primary care related behavioral health services".

Question #9b: Dr. Weisul requested that *Allegiance* be added to the list of payers. Amanda will also add *Medicaid and Other* to the list.

Question #10: Fix typo – "health." Add "integrated" before behavioral health services and "clinical" before pharmacy services.

Question #12: Add "integrated" before behavioral health services and add "clinical" before pharmacy services.

Questions #18 & 19: After a discussion regarding the usefulness of including the specific NQF and PQRS references, it was decided to delete the measure numbers altogether and enlarge the space for the "Other."

Question #25: Add "unavailable" and "unused" as check box options (per Dr. Roberts)

Question #28: What is meant by "depression treatment plan"?

ACTION: Dr. Griffin will determine revised wording to clarify the intention of Q #28. His suggestions will be reviewed by Drs. Severa and Sofianek and Carla Cobb and the application will be revised accordingly.

Resources to support quality improvement: Dr. Roberts was not sure if the council had discussed the partnership with DPHHS for the PCMH program. He thought the Department of Public Health's goals for the partnership with the PCMH program should be clearly articulated in a way the whole council understands. He thought the council could be cooperative with public health, but should understand their mutual goals. Dr. Roberts requested clarification and more discussion from public health about their goals and how they want to work with the council.

Lisa Wilson commented that she was very happy to see the opportunity for partnership with public health because they can relay goals from the national conversation on public health. She commented that public health goals are very aligned with PCMH.

Dr. Griffin will request a presentation from Todd Harwell and Dr. Helgerson about public health goals and PCMH.

ACTION: Amanda will make these edits to the Comprehensive Application and send the revision to the Council by the end of the week.

Medicaid Report

Jo Thompson presented an update on the Medicaid PCMH. The pilot (starting with 2-6 practices) is scheduled to begin November 1. They will select experienced providers for the first year, keep the pilot to a small number until they get the data reporting under their belt. Then they will add more members and providers as the pilot progresses.

Payer Subcommittee Report

Christina Goe reviewed the summary from the September 10th subcommittee meeting. The discussion continues on which group of patients payers will be included in the report to the CSI. The meeting determined two possible options for payer reporting on utilization measures: reporting data on attributed PCMH patients and comparing it to that of non-PCMH patients or reporting data on the

subgroup of PCMH patients and comparing that data to payer's entire book of business. CSI will work with the subcommittee to draft each option for them to consider at their next meeting.

ACTION ITEM: Dr. Griffin gave the Council another opportunity to submit any further comments on the payer rule via email to Amanda Eby.

Quality Metrics Subcommittee Report

The public hearing for the Quality Metrics rule was held at the CSI on September 11. There were no public comments at the hearing.

Amanda reviewed the findings from conversations about data reporting for evaluating PCMH programs with other states (MI and MN) and other experts and specifically the failure of aggregate data to provide meaningful and accurate data.

Dr. Roberts agreed that patient-level data can be more useful than the aggregate but sorting and compiling patient-level data is an additional burden to practices. Furthermore, there is ongoing concern about patient privacy when using patient-level data. Minnesota provides helpful guidance in this regard. Also, per Christina Goe, the use of the patient-level data does not violate HIPPA.

ACTION: The CSI will conduct a vote via e-mail to change the guidance, as needed. Council members will vote for one of 3 options for data collection requirements for a practice:

Aggregate Data

Patient-level data

Patient-level data reporting by practices receiving PCMH payments from a payer, practices not receiving any payments can opt out of reporting until they enter a PCMH payer contract.

ACTION: Attach Paula Block's comments to Commissioner Lindeen on the quality metrics rule to the email requesting the vote.

<u>ACTION:</u> Amanda will send the Minnesota "Legislative Report" to the Council for their preliminary review and preparation for their own report to the Montana legislature.

The discussion of the Robert Wood Johnson Foundation technical assistance was postponed until the October meeting.

Public Comment

None

Future meetings

The Payer and Quality Metrics subcommittees are no scheduled yet. The times for each meeting will be announced via email when they are confirmed.

PLEASE NOTE: As decided, the next PCMH Stakeholder Council meeting is extended to 3 hours, from 12:00 – 3:00 pm October 15th at the CSI.

Meeting adjourned at 2:58 pm.